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**SOUTH CAROLINA DEPARTMENT OF
ALCOHOL AND OTHER DRUG ABUSE SERVICES
(DAODAS)**

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**ANNUAL
ACCOUNTABILITY
REPORT**

FISCAL YEAR 1998-1999

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STATE DOCUMENTS



South Carolina Department of Alcohol and Other Drug Abuse Services

JIM HODGES
Governor

RICK C. WADE
Director

October 15, 1999

Office of State Budget
Attention: Karen Amos
1122 Lady Street, 12th Floor
Columbia, South Carolina 29201

Dear Ms. Amos:

The Department of Alcohol and Other Drug Abuse Services (DAODAS) is pleased to transmit our Accountability Report for Fiscal Year 1998-1999.

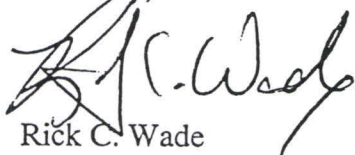
According to Title 44, Chapter 49 of the South Carolina Code of Laws, as amended, DAODAS has full authority for controlling the use and abuse of alcohol, tobacco, and other drugs, except for the police powers related to the trafficking of controlled substances. In addition, DAODAS shall utilize the county substance abuse authorities designated pursuant to Section 61-12-20 to assist in carrying out this responsibility. The department's mission statement is based on this mandate and reflects input from the Governor, state agency directors, service providers, and DAODAS staff.

To accomplish the department's mission, DAODAS recently reorganized and put a management team in place that encourages decision-making on the county and programmatic level. Working in collaboration with the department's planning staff, each program set reasonable goals and measurable objectives based on aggregate data collected to date. The department's management team reviewed these goals and objectives, made adjustments, and is in the process of establishing additional objectives that will produce further outcomes for future reporting.

We believe DAODAS has complied with the guidelines for this year's Accountability Report. However, if there are any questions regarding this report, Steve O'Keefe, Legislative Liaison, has been designated as the department's contact person. He can be reached at (803) 734-9523.

Thank you for the opportunity to share what we are accomplishing at DAODAS.

Sincerely,



Rick C. Wade
Director

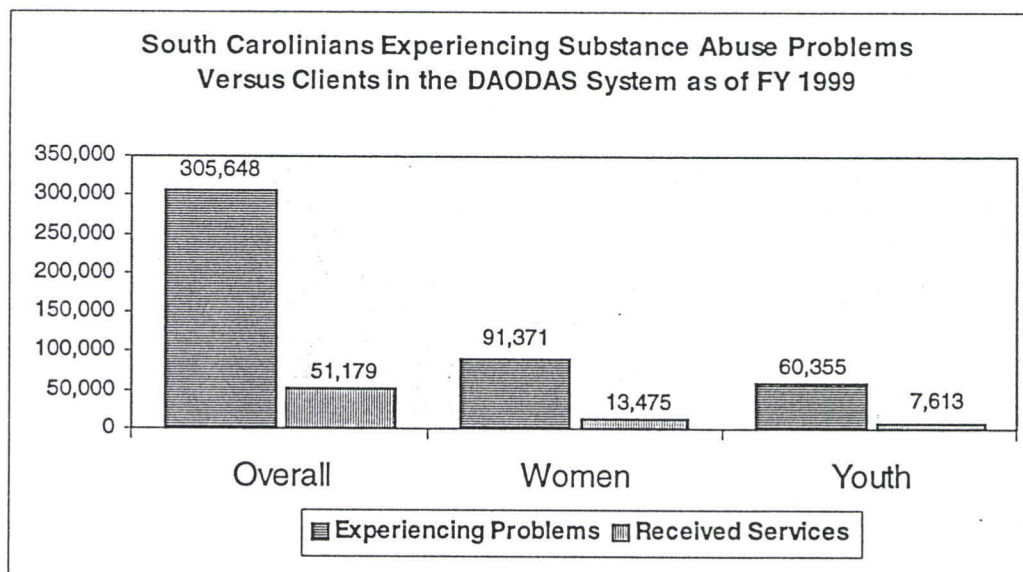
Executive Summary

Challenges

The use of alcohol, tobacco, and other drugs affects South Carolinians of all ages and from all walks of life. Problems resulting from these substances surface in our homes and schools, on our roads and highways, and in our workplaces and criminal justice system. Because of this, we, as citizens, pay the bill for the direct and indirect costs of substance abuse. In South Carolina, that bill adds up to the incredible amount of \$2.5 billion per year.

In other words, every person over the age of 18 in South Carolina spends about \$1,000 each year to pay for the costs associated with the abuse of alcohol, tobacco, and other drugs. These costs are reflected in artificially increased prices for all goods and services (because substance abusers are absent from work more often and are less productive when they are at work); higher taxes (for additional police and jails to deal with drunk driving and other drug-related arrests); property losses (due to thefts for drug money or automobile accidents); and higher healthcare costs (to cover the cost of abusers who use the healthcare system more extensively than non-abusers).

DAODAS estimates that more than 300,000 individuals in our state are currently experiencing substance abuse problems that warrant intervention and treatment. However, the DAODAS provider system has only been able to reach approximately 50,000 of these South Carolinians each of the last several years. The chart below indicates that this problem is most acute for youth, followed by women and the general population.



(Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL based, by fiscal year and special demographics.)

The retention of clients has also been problematic. In fiscal year 1999, over 10,000 clients dropped out of services after their first contact, and over 78,000 appointments were broken. The DAODAS provider system is investigating and implementing new ways to reach and retain clients, such as increasing the emphasis on outreach, adopting client-centered services (treatment on demand, night and weekend appointments), and providing wrap-around services (transportation, childcare, etc.).

DAODAS must meet these challenges by increasing public awareness and collaborative efforts. It is also important that the department continue to improve existing services through outcome evaluation, in particular by measuring the impact that DAODAS has on the education and employment of clients served. Since no segment of society is immune to the problems caused by the use of alcohol, tobacco, and other drugs, the department will continue to develop and implement cost-effective, collaborative services to reach all South Carolinians.

Interagency Collaboration

DAODAS works with numerous agencies and organizations to reduce the negative consequences of substance abuse. This section is a sampling of some of the department's collaborative efforts.

DAODAS continues to work with the Department of Social Services and the State Attorney General's Office to address policies and procedures regarding services for drug-impaired infants and their mothers.

The department collaborates with the Department of Education on the School Intervention Program (ScIP), which identifies 7th through 12th grade students who are at risk for substance abuse problems.

The department also continues to fund the State Law Enforcement Division for the Drug Abuse Resistance Education (DARE) program, which is a 17-hour curriculum delivered by experienced law enforcement officers primarily to 5th and 6th grade students.

Other collaborative efforts with the criminal justice system include grants to law enforcement agencies to assist with the department's efforts to reduce the youth access to tobacco rate and to drug courts for the treatment of criminal offenders with substance abuse problems.

DAODAS ensures that continuing care services are available for criminal offenders upon their release from prison through a collaborative effort with the Department of Probation, Parole and Pardon Services, the Department of Corrections, and the Department of Public Safety.

The department continues efforts to provide treatment services for juvenile offenders who are under the jurisdiction of the Department of Juvenile Justice.

DAODAS also works with the Department of Public Safety to implement the state's laws on driving under the influence (DUI) and administrative license revocation (ALR). DUI and ALR offenders must successfully complete the department's Alcohol and Drug Safety Action Program (ADSAP) to have their driving privileges restored.

DAODAS continues to provide funding to the Department of Health and Environmental Control so that HIV and TB services can be delivered to the substance abusing population. Both departments continue to work together to ensure that methadone clinics follow licensure standards as required in regulation.

The Department of Labor, Licensing, and Regulation and DAODAS worked together to enact legislation that would allow substance abuse counselors to apply for state licensing. Efforts continue to develop the regulations that specify the requirements for state licensing of these counselors.

DAODAS partners with the Department of Health and Human Services to monitor the delivery of substance abuse inpatient and outpatient treatment services for the state's Medicaid-eligible population. This partnership represents the department's managed care effort.

Major Program Goals

Research has proven that the disease of addiction is both preventable and treatable. As such, DAODAS seeks to ensure the availability of a comprehensive array of alcohol and other drug abuse services through grants to and contracts with various agencies and organizations. The department annually provides grants to the 34 county substance abuse authorities, which over time have become the core of the DAODAS provider network. These county authorities are the direct service providers through which the department delivers services to all 46 counties in South Carolina. The overarching goal of this provider network is the development of a seamless continuum of care that provides prevention, intervention, and treatment services.

The major goal of *prevention services* is to avoid the development of problems related to the use of alcohol and other drugs among the general public and specific high-risk groups. Services are implemented in schools and communities throughout South Carolina.

Intervention services work through existing systems to identify individuals who are at risk of experiencing specific problems and to provide educational and treatment services as needed. Examples include the School Intervention Program (ScIP) and the Alcohol and Drug Safety Action Program (ADSAP).

Treatment services are designed to stop the disabling effects of alcohol and other drug abuse and/or dependence and to prevent their recurrence. Specific services range from outpatient treatment, which is available in every county, to specialized treatment services. Specialized services are available on a county, regional, or statewide basis.

Outcomes

The ability of DAODAS to measure outcomes has increased dramatically with the introduction of a new statewide client database system in mid-fiscal year 1998. Fiscal year 1999 was the first full year when DAODAS was able to collect clinical, output, and outcome data on substance abuse clients from intake to discharge on a statewide basis.

The fiscal year 1999 outcomes show that Prevention Services achieved its federally mandated target of 20% in tobacco sales to minors. In addition, the county substance abuse authorities achieved the following treatment outcomes (See Appendix A: Methodology):

- *To demonstrate significant improvement on a severity scale of relapse/recidivism risk.* Programs: Adolescent Intensive Outpatient (46%), Adolescent Inpatient Treatment (49%), Women's Intensive Outpatient (36%), Women's Residential (39%), Criminal Justice (45%), Drug Courts (55%), Intensive Outpatient (39%), Residential Treatment (37%), ADSAP (44%), and Outpatient Treatment (37%).
- *To demonstrate significant improvement on a severity scale of behavioral/emotional problems.* Programs: Adolescent Intensive Outpatient (38%), Criminal Justice (44%), Drug Courts (36%), Intensive Outpatient (37%), Residential Treatment (55%), and Outpatient Treatment (35%).
- *To demonstrate significant improvement on a severity scale of family support/recovery environment.* Programs: Adolescent Intensive Outpatient (49%), Women's Residential (50%), Intensive Outpatient (35%), and Outpatient Treatment (36%).

Perhaps no other figures put substance abuse treatment in the proper perspective more than the outcomes achieved by the juvenile and criminal justice programs. The nationally recognized Bridge program positively impacts juveniles with substance abuse problems and has seen the recidivism rate of its graduates decline from 11.7% in fiscal year 1998 to 9.6% in fiscal year 1999. The same rate for juveniles who have not participated in the Bridge program is estimated to be 40%, or four times higher.

In practical terms, this means that a Bridge graduate is much less likely to become a burden on society and a threat to others by abusing substances, engaging in criminal and unhealthy behavior, and becoming an unproductive adult. The same conclusions may be made for the adult criminal justice programs that provide continuing care to offenders who are discharged from residential addictions treatment programs located in correctional settings. The outcomes for these continuing care clients are 13.55% (rearrest) and 3.38% (reincarceration), compared to 44.44% and 22.22% respectively for those who did not receive such services.

Ranking Criteria

The programs in this report were ranked according to four criteria: 1) programs that serve adolescents, women, and families; 2) programs that target gaps in services and treatment shortfalls; 3) programs that are intervention in nature or deal with criminal justice clients; and 4) programs that were funded primarily with federal or nonrecurring state dollars in fiscal year 1999. These criteria resulted in priorities that differ significantly from last year's report. For this reason, the department's strategic plan will be modified during fiscal year 2000 and will continue to be reviewed annually to allow for adjustments based on these criteria.

Mission Statement

During fiscal year 1999, DAODAS continued to evolve as an organization. Following is the department's mission statement as of September 1999:

Through an integrated statewide systems approach to alcohol, tobacco, and other drug abuse prevention, intervention, and treatment and in collaboration with community partners, the South Carolina Department of Alcohol and Other Drug Abuse Services will ensure the highest quality community-based services with special emphasis on adolescents, children, and families. We will assure access to a continuum of quality care that achieves the best outcomes for all people in South Carolina.

Core Values

To address the diverse and widespread nature of alcohol, tobacco, and other drug problems facing South Carolinians today, the department holds these core values as central to its decision-making processes:

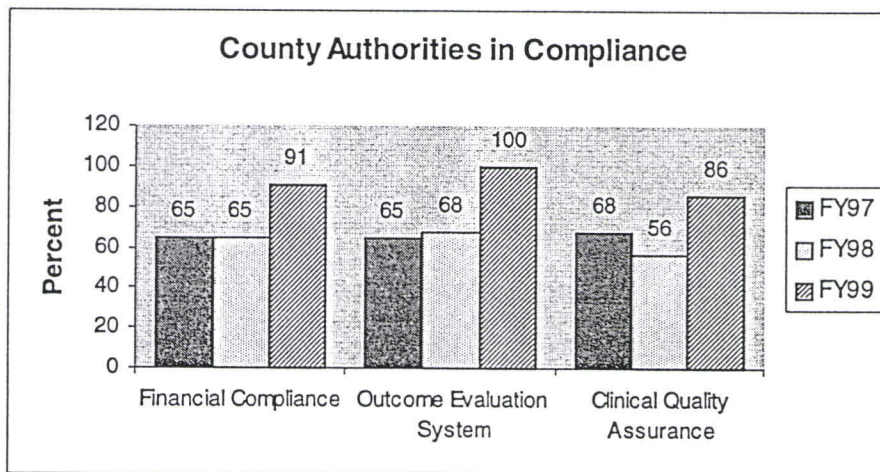
- *Addiction is a disease that is treatable.*
- *Prevention of addiction is society's most cost-effective approach.*
- *We believe that behavioral health care should be individualized for each citizen.*
- *Collaboration with community partners is essential in accomplishing our mission.*
- *We hold our partners and ourselves accountable.*
- *Services should be accessible, available, timely and delivered by qualified professional staff.*
- *The most effective services involve a multi-systemic approach to treating the whole person to include: health, economic, education, spiritual, and environmental.*
- *Resources must continue to be allocated to provide maximum benefit for special populations such as adolescents, children, Hispanics, and citizens in rural areas of South Carolina.*
- *Within resource limitations, we desire to provide a complete continuum of care for the citizens of South Carolina.*
- *Our purpose is to be an organization that is flexible and innovative in providing effective and efficient services through teamwork.*

Leadership System

In an effort to lead the DAODAS provider network into the new millennium, the department has taken several steps in recent years to refine program operations and focus on providing high-quality substance abuse services. These steps include: 1) strategic planning, 2) annual site visits, and 3) national accreditation.

Beginning in 1994, the department initiated a *strategic planning process* to meet the challenges of a changing behavioral health care field. Strategic planning is a continuous quality improvement process that relies on input from stakeholders at various levels, including providers, private concerns, other state agencies, and technological resources. A “team concept” is at the heart of this process, which the department adopted to reinforce its strengths and to take advantage of the opportunities afforded by the changing field of behavioral health care. Overall, this process has provided DAODAS and the county substance abuse authorities with a means to develop a course of action for the future, to set clear values, to define critical issues, and to set realistic goals and objectives to address those critical issues.

In 1996, the department initiated *annual site visits* to each of the county substance abuse authorities as a method of measuring performance, ensuring accountability, and identifying customer needs. This system allows DAODAS to visit 100 percent of the county authorities each year with a multidisciplinary team that utilizes performance indicators to rate systems and processes and review performance outcomes. The following chart shows the main areas of concern for the department and the levels of compliance by the county authorities for the last three fiscal years.



Note: The 100% compliance for outcome evaluation indicates that all county substance abuse authorities have systems in place to track outcome data and are beginning to use their data to make management decisions. (DAODAS Planning and Quality Management Section; Site Visit Results.)

In an effort to ensure the delivery of quality care at the local level, all 34 of the county substance abuse authorities are *nationally accredited* by CARF: The Rehabilitation Accreditation Commission, a nationally recognized authority on, and promoter of, quality services for people with disabilities. In 1997, South Carolina became the second state in the nation to achieve national accreditation for the entire statewide public substance abuse service delivery system and the first state in which all providers achieved accreditation on their first attempt. Requiring national accreditation is an integral part of this department's overall strategy to raise standards of providers in an effort to ensure that federal and state funded substance abuse services are delivered in a high quality manner.

Customer Focus and Satisfaction

(Source: DAODAS Planning and Quality Management Section.)

DAODAS continues to emphasize customer focus and satisfaction using the principles of continuous quality management, an integrated strategic planning system for achieving customer-focused services. The strategic planning process has created an avenue through which stakeholders can provide input regarding the department's direction over the next five years. This will improve the department's ability to serve as an effective leader in the substance abuse field. DAODAS has identified its customers to include the clients and their family members, county substance abuse authorities, other state agencies with common clients, state and federal officials, and the South Carolina citizenry at large.

The annual site visits have provided DAODAS with an invaluable opportunity to learn the concerns of the county substance abuse authorities firsthand. A customer feedback survey is included as part of the site visit report package that each county authority receives after the site visit is completed. The county authority is encouraged to rate DAODAS on its effectiveness during the site visit. The fiscal year 1999 survey indicates that 94% of the respondents either agree or strongly agree that the DAODAS site visits should be continued in the future. County feedback reflects that site visits focused on providing technical assistance would be more beneficial to the field in maintaining continuous quality improvement.

The county substance abuse authorities utilize various survey instruments to measure customer satisfaction. Most of these instruments measure satisfaction of clients with their facilities, accessibility, courtesy, professionalism, treatment results, etc. To determine an overall rating of satisfaction with services provided by the county authorities, DAODAS reviewed the county plans submitted to the department each year and established the following objective.

Customer Satisfaction Objective and Results

At least 90% of the clients will give an overall rating of satisfactory or above to the services received from the county substance abuse authorities.

Customer Satisfaction		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
89%	90%	91%	92%	93%	94%	95%

Note: The objectives for fiscal years 2000 through 2004 reflect DAODAS' commitment to continuous improvement. The objectives throughout this report will be refined in the outyears as additional data become available, especially nationally recognized benchmarks.

Program Name The Bridge

In FY 1999, the Charleston Center, Dawn Center (Bamberg, Calhoun, and Orangeburg), Lexington/Richland Alcohol and Drug Abuse Council, and Spartanburg Alcohol and Drug Abuse Commission delivered this program's specialized outpatient treatment services to adolescents for DAODAS.

Program Rank Priority One

Program Cost

State	Appropriations Act	\$312,214
Federal	Substance Abuse Prevention and Treatment Block Grant	<u>\$257,516</u>
Total		<u>\$569,730</u>

Program Goal

To increase the chances of an adolescent's successful reintegration into the home and community following release from a juvenile justice or residential/inpatient treatment facility in an effort to reduce the risk of recidivism.

To reduce an adolescent's risk of recidivism by working with the family and providing a gradual "step down" transition from an institutional setting.

To improve the life skills of an adolescent through positive recreational development, vocational training, and employment assistance.

Program Objectives and Results

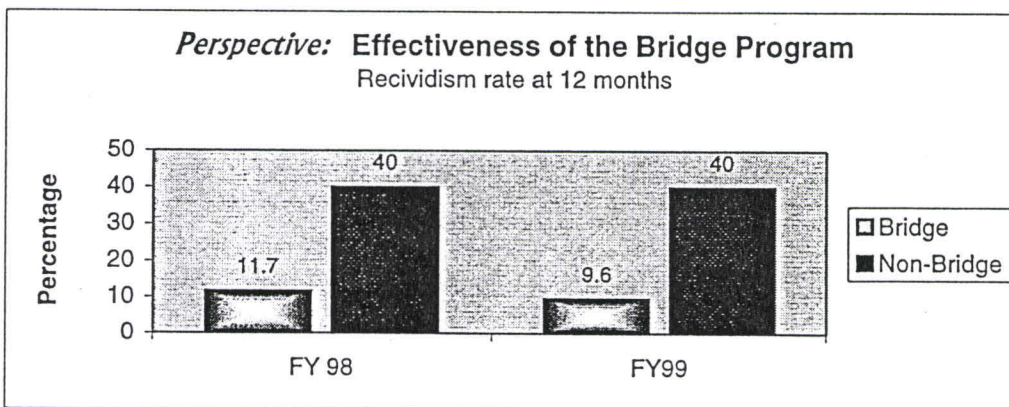
(Source: Maria McCall, Independent Evaluator.)

1) To reduce the percentage of Bridge graduates in FY 1999 who continue to use alcohol, tobacco, and other drugs.

Outcomes	FY 1998	FY 1999
Abstinence of Clients at Graduation	75%	75%
Reduction in Use at Graduation	13%	13%
Reduction Rate of All Graduates	88%	88%

2) To reduce the percentage of Bridge graduates in FY 1999 who are reincarcerated in a juvenile institution or readmitted to a residential or inpatient treatment facility.

Outcomes	FY 1998	FY 1999
Recidivism Rate at 12 Months	11.7%	9.6%
Recidivism Rate of All Graduates	12.1%	11.4%



3) To increase the percentage of Bridge graduates in FY 1999 who are employed.

Outcomes	FY 1998	FY 1999
Employed at Graduation	73%	71%
Employed Full-time at Graduation	56%	55%

4) To reduce the percentage of Bridge graduates in FY 1999 who drop out of school.

Outcomes	FY 1998	FY 1999
Education Enrollment at Graduation	89%	58%
Completion of GED or High School	25%	25%

Note: The Bridge Program has expanded the eligibility criteria to include young people age 17 and older, which had a direct impact on the education enrollment indicator. Services provided to these participants are focused on life skills (employment/job training), rather than on educational skills. In other words, the deep education deficits lead the program to offer life-sustaining skills. In addition, zero tolerance policies of local school districts do not allow some of these teens to return to school. By the very nature of what brings these teens into the program, it decreases the teens' access to schools, especially in the absence of alternative schools. These teens are not dropouts, but are kept out of school due to district policy. Again, life skills become the focus for wrap-around services provided to these participants.

Inputs	FY 1998	FY 1999
Number of Case Managers	6	8
Number of State Level Staff	1.5	1.5

Outputs	FY 1998	FY 1999
Juveniles Screened for Services	1350	1420
Juveniles Receiving Services	221	242
Juveniles Completing Services	112	128

Efficiency Measure	FY 1998	FY 1999
Cost Per Client for 1 Year of Service	\$2,273	\$2,038

Proviso Stipulations (Part IB,12.4)	FY 1998	FY 1999
Fees Collected	\$9,500	\$15,500
Hours of Community Service	100	190

Program Name School Intervention Program (ScIP)

In FY 1999, thirty-two of the 34 county substance abuse authorities delivered these intervention services to high-risk adolescents for DAODAS.

Program Rank Priority Two

Program Cost

State	Education Improvement Act	\$ 929,049
	Appropriations Act	\$ 87,183
	Subtotal	<u>\$1,016,232</u>

Federal	Substance Abuse Prevention and Treatment Block Grant	<u>\$ 154,317</u>
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Total		<u>\$1,170,549</u>
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Program Goals To provide intervention and treatment services for high-risk students in 7th through 12th grades that will:

- 1) Reduce the use of alcohol and other drugs.
- 2) Reduce high-risk sexual activity associated with teenage pregnancies and sexually transmitted diseases (STDs) including HIV/AIDS.
- 3) Reduce violent behavior.
- 4) Improve life skills.
- 5) Increase the likelihood of adapting and functioning successfully in school and the community at large.

Program Objectives and Results

(Source: DAODAS Division of Management Information and Research.)

- 1) To increase the percentage of ScIP clients in FY 1999 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
9%	28%	30%	35%	40%	45%	50%

- 2) To increase the percentage of ScIP clients in FY 1999 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
12%	27%	30%	35%	40%	45%	50%

- 3) To increase the percent reduction in reported family problems from admission to discharge among ScIP clients in FY 1999.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
10%	19%	20%	25%	30%	35%	40%

- 4) To increase the percent reduction in reported educational problems from admission to discharge among ScIP clients in FY 1999.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
8%	19%	20%	25%	30%	35%	40%

Outputs	FY 1997	FY 1998	FY 1999
ScIP Clients	5,310	4,746	3,616
Hours of Service Provided	29,138	24,473	17,585

Note: In previous reports, only the new ScIP entries for each fiscal year were reported. This report indicates the total number of ScIP clients served each fiscal year, including the ScIP clients who were carryovers from the previous fiscal year. (Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL based, by program; Client Hours by program.)

Program Name Adolescent Intensive Outpatient Treatment

The Charleston Center, Lexington/Richland Alcohol and Drug Abuse Council, and Spartanburg Alcohol and Drug Abuse Commission delivered these services for DAODAS in FY 1999.

Program Rank Priority Three

Program Cost

Federal Substance Abuse Prevention and Treatment Block Grant \$245,806

Program Goals To provide intensive, yet cost-effective, outpatient services to adolescents who are in need of more extensive services than are offered through traditional outpatient counseling.

To provide an intensive treatment program for adolescents who have the support systems in place that allow them to remain at home while receiving services for problems related to their use of alcohol and/or other drugs.

To provide a minimum of 9 hours per week of structured day or evening treatment.

To provide services to include group and family counseling, life skills development, and orientation to self-help groups.

To provide a safe, supportive environment for adolescents to begin the recovery process.

To provide essential education and treatment components while allowing adolescents to apply newly acquired skills within "real world" environments.

Program Objectives and Results

(Source: DAODAS Division of Management Information and Research.)

1) To establish the percentage of adolescent IOP clients in FY 1999 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA	46%	49%	52%	55%	58%	61%

2) To establish the percentage of adolescent IOP clients in FY 1999 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA	38%	41%	44%	47%	50%	53%

3) To establish the percentage of adolescent IOP clients in FY 1999 who demonstrate significant improvement on a severity scale of family support/recovery environment from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA	49%	52%	55%	58%	61%	64%

Outputs	FY 1997	FY 1998	FY 1999
Adolescent IOP Clients	211	238	243
Hours of Service Provided	12,847	10,438	11,633

(Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL based, by selected service-sub-service-focus; Client Hours by selected service-sub-service-focus.)

Program Name Adolescent Inpatient Treatment

The William J. McCord Adolescent Treatment Facility in Orangeburg, a 15-bed inpatient treatment program for adolescents, delivered these services for DAODAS in FY 1999.

Program Rank Priority Four

Program Cost

Federal Substance Abuse Prevention and Treatment Block Grant \$515,363

Program Goal To provide short-term medically monitored treatment in a highly structured environment for adolescents who need alcohol and other drug rehabilitative services.

To provide counseling services, including individual, group and family, on a regular basis to meet the specific treatment needs of each individual.

To increase the adolescent's likelihood of recovery, reduce the risk of relapse, and facilitate a successful return to the community.

To provide a plan for continuing care to include referrals for follow-up treatment and involvement in self-help groups following discharge from inpatient care.

Program Objectives and Results

(Source: DAODAS Division of Management Information and Research.)

1) To establish the percentage of adolescent inpatient clients in FY 1999 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA	49%	51%	52%	53%	54%	55%

2) To establish the percentage of adolescent inpatient clients in FY 1999 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA	33%	35%	40%	45%	50%	55%

Medically Monitored (Level III.7 / Inpatient Clinic)	FY 1997	FY 1998	FY 1999
Number of Clients	131	168	171
Number of Bed Days	3,171	3,606	4,186
Bed Days Per Client	24.2	21.5	24.5

(Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DRDL based, by service-sub-service-focus; Bed Days by service-sub-service-focus; Bed Days Per Unique Unduplicated Client.)

Program Name Omega Therapeutic Community

Omega is a 36-bed residential treatment program operated by DAODAS at the Department of Juvenile Justice (DJJ) for incarcerated male juvenile offenders who have a history of alcohol and/or other drug problems.

Program Rank Priority Five

Program Cost

Federal Byrne Formula Grant (through DJJ) \$288,918

Program Goal To provide comprehensive, residential treatment in a highly structured environment for incarcerated male juvenile offenders who have a history of alcohol and other drug problems.

To reduce recidivism by providing education and counseling services in a drug and crime free environment.

To provide the opportunity for continuing care services upon release from the Department of Juvenile Justice.

Program Objectives and Results

(Source: DAODAS Division of Management Information and Research.)

1) To establish the percentage of juvenile offenders in FY 1999 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA	22%	35%	40%	45%	50%	55%

2) To establish the percentage of juvenile offenders in FY 1999 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA	26%	35%	40%	45%	50%	55%

Clinically Managed (Level III.5 / Therapeutic Community)	FY 1997	FY 1998	FY 1999
Number of Clients	100	74	71
Number of Bed Days	12,538	12,868	12,306
Bed Days Per Client	125.4	173.9	173.3

Note: In previous reports, only the new Omega entries for each fiscal year were reported. This report indicates the total number of Omega clients served each fiscal year, including the Omega clients who were carryovers from the previous fiscal year.

(Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DRDL based, by service-sub-service-focus; Bed Days by service-sub-service-focus; Bed Days Per Unique Unduplicated Client.)

Program Name Treatment Services for Women and Dependent Children

Program Rank Priority Six

Program Cost

State	Appropriations Act	\$ 943
Federal	Substance Abuse Prevention and Treatment Block Grant	\$2,188,087
	Temporary Assistance for Needy Families	\$ 186,063
	Consolidated Knowledge Development and Application Program	\$ 82,553
	Subtotal	<u>\$2,406,703</u>
Total		<u>\$2,457,646</u>

Program Goals To provide a comprehensive array of services that place special emphasis on the unique treatment needs of women who are experiencing problems related to their use of alcohol and/or other drugs.

To provide a family-centered approach to substance abuse services for women and their dependent children.

To provide an environment in which women can learn and practice more effective parenting skills.

To provide a therapeutic learning environment for children of substance abusing mothers.

To provide a safe, supportive living environment for pregnant and postpartum women, their infants, and children to begin the recovery process.

To reduce a woman's risk of relapse and to facilitate her families' successful reentry into the community following the completion of a more structured treatment regimen.

Program Objectives and Results

(Source: DAODAS Division of Management Information and Research.)

Women's IOP (WIOP)

The following 11 county substance abuse authorities delivered WIOP services for DAODAS in FY 1999: Aiken Center, Anderson/Oconee Behavioral Health Services, Ernest E. Kennedy Center (Berkeley), Sojourner Center (Charleston), Dorchester Alcohol and Drug Commission, Serenity Place (Greenville), Horry County Commission on Alcohol and Drug Abuse, Lexington/Richland Alcohol and Drug Abuse Council, Pickens County Commission on Alcohol and Drug Abuse, Sumter County Commission on Alcohol and Drug Abuse, and Keystone Substance Abuse Services (York).

- 1) To increase the percentage of women's IOP clients in FY 1999 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
21%	36%	39%	42%	45%	48%	50%

- 2) To increase the percentage of women's IOP clients in FY 1999 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
15%	30%	34%	38%	42%	46%	50%

- 3) To increase the percentage of women's IOP clients in FY 1999 who demonstrate significant improvement on a severity scale of family support/recovery environment from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
18%	33%	37%	41%	45%	48%	50%

Outputs	FY 1997	FY 1998	FY 1999
Women IOP Clients	742	785	1,121
Hours of Service Provided	50,226	31,807	41,171

(Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL based, by selected service-sub-service-focus; Client Hours by selected service-sub-service-focus.)

Women's Residential Treatment

The Lexington/Richland Alcohol and Drug Abuse Council operated a women's halfway house for DAODAS in FY 1999. More intense women's residential treatment services were delivered for DAODAS during FY 1999 at the Charleston Center, Colleton County Commission on Alcohol and Drug Abuse, Chrysalis Center (Florence), Serenity Place (Greenville), and Rosewood House of Recovery (Greenville).

- 1) To establish the percentage of women's residential clients in FY 1999 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA	39%	42%	45%	48%	51%	54%

- 2) To establish the percentage of women's residential clients in FY 1999 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA	24%	30%	33%	36%	39%	42%

- 3) To establish the percentage of women's residential clients in FY 1999 who demonstrate significant improvement on a severity scale of family support/recovery environment from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA	50%	51%	52%	53%	54%	55%

Clinically Managed (Level III.1 / Halfway House)	FY 1997	FY 1998	FY 1999
Number of Clients	142	151	132
Number of Bed Days	6,277	7,185	6,580
Bed Days Per Client	44.2	47.6	49.8

Clinically Managed to Medically Monitored (Level III.5 to III.7 / Therapeutic Community to Inpatient Clinic)	FY 1997	FY 1998	FY 1999
Number of Clients	135	204	219
Number of Bed Days	9,193	10,719	12,322
Bed Days Per Client	68.1	52.5	56.3

(Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DRDL based, by service-sub-service-focus; Bed Days by service-sub-service-focus; Bed Days Per Unique Unduplicated Client.)

Family Services

These services are provided to families whose mothers have accessed women's treatment services. Therapeutic Child Care targets children who are developmentally delayed, and Intensive Family Services targets families whose children are at risk for removal from the home because of parental substance abuse.

Therapeutic Child Care	FY 1997	FY 1998	FY 1999
Number of Children	154	169	185
Hours of Child Care	22,696	32,561	36,972

(Source: DAODAS Management Information and Research; Unique Unduplicated Clients. DCSL based, by selected service code; Client Hours by selected service code.)

Intensive Family Services	FY 1997	FY 1998	FY 1999
Number of Children	0	102	150
In-Home Hours	0	4,619	6,536

(Source: DAODAS Management Information and Research; Unique Unduplicated Clients. DCSL based, by selected service code; Client Hours by selected service code.)

Women's Transitional Living

In June 1999, the Charleston Center opened the state's first transitional living program for women and their children. The program, Step Ahead, is funded by a federal grant and provides supervised independent living featuring continuing outpatient treatment services and therapeutic childcare. No outcome data will be available for this program until fiscal year 2001.

Program Name Criminal Justice Services

Program Rank Priority Seven

Program Cost

State	Appropriations Act	\$ 89,692
	Department of Juvenile Justice Grant	\$ 31,500
	Subtotal	<u>\$121,192</u>

Federal	Substance Abuse Prevention and Treatment Block Grant	<u>\$366,488</u>
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Total		<u>\$487,680</u>
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Program Goal To provide treatment and case management services for individuals who are referred to a county substance abuse authority by the criminal justice/correctional system as the result of an alcohol or other drug or other related arrest, except for DUI.

To provide continuing care services for offenders who are discharged from residential addictions treatment programs located in correctional settings.

To support the development of Drug Treatment Courts in all judicial districts in South Carolina.

Program Objectives and Results

(Source: DAODAS Division of Management Information and Research.)

General Criminal Justice (CJ)

1) To increase the percentage of general criminal justice clients in FY 1999 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
28%	45%	50%	55%	60%	65%	70%

2) To increase the percentage of general criminal justice clients in FY 1999 who demonstrate a significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
32%	44%	50%	55%	60%	65%	70%

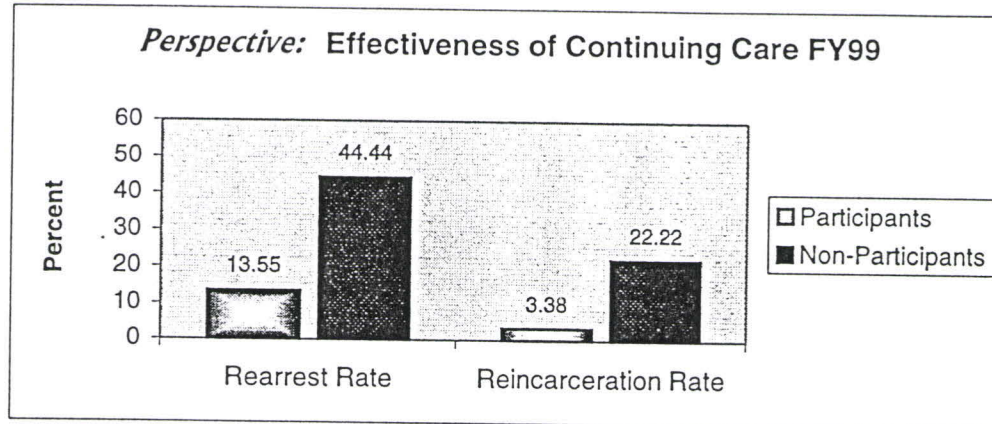
3) To increase the percent reduction in reported family problems from admission to discharge among general criminal justice clients in FY 1999.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
23%	34%	37%	40%	43%	46%	49%

4) To increase the percent reduction in reported occupational problems from admission to discharge among general criminal justice clients in FY 1999.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
16%	33%	35%	40%	45%	48%	50%

- 5) Rearrest and reincarceration rates for general criminal justice clients in FY 1999 will be lower than offenders who do not receive any continuing care services.



Note: These outcomes measure those criminal justice clients who received addiction treatment while in prison and who were referred to a county substance abuse authority for continuing care upon release. After release, continuing care participants received community based addiction services, while non-participants did not receive any community based addiction services. (Source: South Carolina Department of Probation, Pardon and Parole Services.)

Outputs	FY 1997	FY 1998	FY 1999
General CJ Clients	8,955	9,390	8,619
Hours of Service Provided	95,979	106,841	86,317

Note: In previous reports, only the new criminal justice entries for each fiscal year were reported. This report indicates the total number of pre-trial, jail and detention center, offender based, and probation and parole clients served each fiscal year, including the clients who were carryovers from the previous fiscal year. (Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL based, by selected program-sub-program; Client Hours by program-sub-program.)

Drug Courts

- 1) To establish the percentage of drug court clients in FY 1999 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA	55%	59%	63%	67%	71%	75%

- 2) To establish the percentage of drug court clients in FY 1999 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA	36%	40%	45%	55%	65%	75%

Outputs	FY 1997	FY 1998	FY 1999
Juvenile Drug Courts	0	2	2
Juvenile Clients	0	95	237
Adult Drug Courts	2	3	6
Adult Clients	87	198	257
Drug Court Service Hours	2,096	22,899	24,010

Note: In FY 1998, two juvenile drug courts were operational, one in Charleston County and one in Richland County. These juvenile drug courts continue to operate in these counties. In FY 1999, one adult drug court was operational in each of the following counties: Charleston, Greenville, Kershaw, Lexington, and Richland. In addition, one adult drug court was serving the counties of Edgefield, McCormick, and Saluda. (Source: DAODAS Treatment Section; DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL based, by selected program-sub-program-focus; Client Hours by program-sub-program.)

Program Name Intensive Outpatient (IOP) Treatment

Fifteen of the 34 county substance abuse authorities delivered IOP services to the general population for DAODAS in FY 1999.

Program Rank Priority Eight

Program Cost

State	Appropriations Act	\$138,572
Federal	Substance Abuse Prevention and Treatment Block Grant	<u>\$813,234</u>
Total		<u>\$951,806</u>

Program Goals To provide intensive, yet cost-effective, outpatient services to individuals who are in need of more extensive services than are offered through traditional outpatient counseling.

To provide an intensive treatment program for individuals who have the support systems in place that allow them to remain at home while receiving services for problems related to their use of alcohol and/or other drugs.

To provide a minimum of 9 hours per week of structured day or evening treatment.

To provide services to include group and family counseling, life skills development, and orientation to self-help groups.

To provide a safe, supportive environment for individuals to begin the recovery process.

To provide essential education and treatment components while allowing clients to apply newly acquired skills within "real world" environments.

Program Objectives and Results

(Source: DAODAS Division of Management Information and Research.)

1) To increase the percentage of general IOP clients in FY 1999 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
24%	39%	42%	45%	48%	51%	54%

2) To increase the percentage of general IOP clients in FY 1999 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
23%	37%	40%	43%	46%	49%	52%

3) To increase the percentage of general IOP clients in FY 1999 who demonstrate significant improvement on a severity scale of family support/recovery environment from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
26%	35%	38%	41%	44%	47%	50%

Outputs	FY 1997	FY 1998	FY 1999
General IOP Clients	3,254	3,058	3,972
Hours of Service Provided	132,281	89,211	98,078

Note: This program serves individuals who are in need of IOP treatment but are not receiving services in one of the IOPs for adolescents or women discussed earlier in this report. (Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL based, by selected service-sub-service-focus; Client Hours by selected service-sub-service-focus.)

Program Name Prevention Services

Program Rank Priority Nine

Program Cost

State	Education Improvement Act	\$ 224,490
	Appropriations Act	\$ 3,000
	Subtotal	\$ 227,490
Federal	Substance Abuse Prevention and Treatment Block Grant	\$3,029,925
	Safe and Drug-Free Schools and Communities Act	\$1,278,048
	Other	\$ 61,405
	Subtotal	\$4,369,378
Total		\$4,596,868

Program Goals

To reduce the problems associated with alcohol, tobacco, and other drug (ATOD) abuse through:

- 1) Reducing the level of access that South Carolina children and youth have to tobacco products through retail establishments and other means of purchase or possession (federal Synar regulation).
- 2) Increasing the public's awareness of the problems with ATOD abuse by continued media efforts, such as SC Prevents and the Partnership for a Drug-Free South Carolina.
- 3) Providing the DARE Program – a highly structured, 17-hour curriculum delivered by experienced law enforcement officers to 5th and 6th grade students.
- 4) Providing intensive, interactive training of students and their adult advisors in the development and implementation of local youth-focused ATOD prevention projects, such as the South Carolina Teen Institute, Youth Prevention Initiatives, Community Coalition Grant Program, Keeping Kids Involved in Drug-Free Sports, and Combating Underage Drinking.
- 5) Decreasing risk factors and increasing protective factors in selected communities.

Program Objectives and Results

- 1) To reduce or maintain a youth access to tobacco rate of 20 percent by federal FY 2000.

Outcomes						Objectives	
FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
63.2%	54.2%	41.3%	22.6%	24.7%	19.8%	20%	20%

(Source: DAODAS; South Carolina Youth Access to Tobacco Study.)

- 2) To provide prevention services to approximately 100,000 adults and 200,000 youth a year.

Outputs		Objectives				
Number of:	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
Adults	100,000	100,000	100,000	100,000	100,000	100,000
Youth	200,000	200,000	200,000	200,000	200,000	200,000

Note: These numbers are approximated due to the inability of the department's collection system, Prevention Activities and Resources Management System (PARMS), to capture data from services provided outside of the county substance abuse authorities. Future objectives are based on the maximum output that DAODAS can expect without sacrificing the level of quality in which prevention services are currently delivered. (Source: DAODAS Prevention Section.)

- 3) To obtain pledges of 50,000 print and media insertions of public service messages throughout South Carolina in FY 1999.

Outputs	
FY 1998	FY 1999
50,000	50,000

(Source: DAODAS Communications Section.)

- 4) To increase the percentage of 5th and/or 6th grade students in South Carolina who successfully complete the DARE curriculum in FY 1999.

Outputs		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
80%	80%	83%	86%	89%	92%	95%

(Source: South Carolina State Law Enforcement Division.)

- 5) To increase the percentage of Teen Institute Teams who demonstrate successful implementation of prevention initiatives in FY 1999.

Outputs		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
83%	85%	86%	87%	88%	89%	90%

Note: The Action Plan Progress Survey indicates that one Teen Institute Team will impact 1,100 other students during the following school year, who can potentially affect over 70,000 other students. (Source: DAODAS Prevention Section.)

- 6) To provide at least 4,500 training manuals and/or related training to volunteer coaches in FY 1999.

Outputs		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
4,000	4,500	4,600	4,700	4,800	4,900	5,000

(Source: DAODAS Prevention Section.)

- 7) To engage selected institutions of higher education in the development and implementation of "environmental" research-based prevention initiatives during Year 1 (FY 1999) of the Combating Underage Drinking Project.

Result: Accomplished. Clemson University, College of Charleston, Lander University, University of South Carolina-Columbia, and South Carolina State University have agreed to participate in the first effort of this type in our state. Each site has developed a campus/community coalition and action plans to implement during FY2000. Common elements for each action plan include a law enforcement component, server/sales education, a media (social norms) component and a policy component. Supporting elements of the initiative will include updating the merchant education package, a statewide public information campaign, and funding of community youth initiatives directed at combating underage drinking. (Source: DAODAS Prevention Section.)

- 8) To study the impact on campus alcohol use rates among various student populations during Year 2 (FY 2000) of the Combating Underage Drinking Project.

Program Name

Residential Treatment

The Charleston Center, Circle Park Behavioral Health Services (Florence), Lexington/Richland Alcohol and Drug Abuse Council, and Westview Behavioral Health Services (Newberry) delivered these services for DAODAS in FY 1999.

Program Rank

Priority Ten

Program Cost

Federal

Substance Abuse Prevention and Treatment Block Grant

\$208,047**Program Goal**

To provide short-term therapeutic accommodations in a group setting to recovering individuals who need an interim placement following more intensive treatment and prior to returning home.

To provide counseling services in a residential setting to assist individuals in establishing a more solid program of recovery, with a particular emphasis on family participation.

To increase the individual's likelihood of recovery, reduce the risk of relapse, and facilitate a successful return to the community.

Program Objectives and Results

(Source: DAODAS Division of Management Information and Research.)

- 1) To increase the percentage of general residential clients in FY 1999 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
25%	37%	40%	43%	46%	50%	54%

- 2) To establish the percentage of general residential clients in FY 1999 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
NA%	55%	56%	59%	62%	65%	68%

Clinically Managed to Medically Monitored (Level III.1 to III.7 / Halfway House to Inpatient Clinic)	FY 1997	FY 1998	FY 1999
Number of Clients	831	776	661
Number of Bed Days	20,870	20,828	20,342
Bed Days Per Client	25.1	26.8	30.8

Note: This program serves individuals who are in need of a structured living environment but are not receiving services in one of the residential treatment facilities for adolescents or women discussed above. (Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DRDL based, by service-sub-service-focus; Bed Days by service-sub-service-focus; Bed Days Per Unique Unduplicated Client.)

Program Name Human Immunodeficiency Virus (HIV) and Tuberculosis (TB)
Early Intervention Services

Program Rank Priority Eleven

Program Cost

Federal	Substance Abuse Prevention and Treatment Block Grant	
	HIV Prevention	\$164,100
	HIV Treatment	\$597,063
	TB Services	\$ 62,180
	Other Operating Expenses	<u>\$ 55,464</u>
Total		<u>\$878,807</u>

Program Goals DAODAS provides funding to the Department of Health and Environmental Control (DHEC) for:

- 1) The county health departments to provide HIV early intervention services, including HIV antibody testing, HIV pre- and post-test counseling, and CD4 laboratory testing and referral for follow-up services to substance abuse clients referred from the county substance abuse authorities.
- 2) The Richland County Health Department to provide HIV counseling and testing to substance abuse clients referred from the county substance abuse authorities.
- 3) The eleven local Ryan White Care Consortia to provide HIV services, including medical care, case management, medications, emergency financial assistance, counseling, and other supportive services to substance abuse clients with HIV.
- 4) For the DHEC STD/HIV Division to provide medications to substance abuse clients with HIV in the Drug Assistance Program (ADAP).
- 5) To provide training in the counties with the highest prevalence of HIV infection (Charleston, Greenville, Richland, Spartanburg) so that the county substance abuse authorities in these counties can provide HIV prevention, counseling, oral fluid testing, and referral services on site for substance abuse clients.

In addition, DAODAS provides funding to the 34 county substance abuse authorities for county health departments to provide TB testing services.

Program Objective and Results

To increase the percentage of substance abuse clients receiving HIV early interventions services who report they are practicing lower risk sexual behavior in FY 1998.

Outcomes			Objectives				
FY 1996	FY 1997	1998/1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
13.2%	15.5%	NA	20%	22%	24%	26%	28%

(Source: DHEC Behavioral Risk Factor Surveillance Survey. 1998 figures are being finalized, and 1999 figures will not be available until June 2000.)

Outputs	FY 1997	FY 1998	FY 1999
Clients Indicating HIV	60	54	247
TB Tests or Test Referrals	639	1,440	1,406

(Source: DAODAS Division of Management Information and Research; Selected Client Events by Event Code.)

Program Name Alcohol and Drug Safety Action Program (ADSAP)

All 34 of the county substance abuse authorities, which serve all 46 counties of South Carolina, delivered these intervention services for DAODAS in FY 1999.

Program Rank Priority Twelve

Program Cost

State	Appropriations Act	\$ 488,400
Federal	Substance Abuse Prevention and Treatment Block Grant	\$ 325,927
Total		<u>\$ 814,327</u>

Note: These funds were allocated to 27 of the 34 county authorities for discretionary use in ADSAP programming. However, ADSAP is primarily a fee-driven program.

Program Goals To reduce the number of deaths, injuries, and property damage resulting from Driving Under the Influence (DUI), Boating Under the Influence (BUI), and Administrative License Revocation (ALR) violations.

To implement assessment and intervention services for DUI, BUI, and ALR offenders who are required to enroll and successfully complete ADSAP as a condition for reinstatement of driving or boating privileges.

To promote highway and marine safety through education and treatment services focusing on reduction of future risk of driving or boating while impaired.

To promote behavioral and attitudinal changes focusing on reduction of risk of future problems related to alcohol and other drug use.

To ensure completion of approved offender services through interstate case management of individuals with DUI or ALR suspension who are permanent residents of another state or South Carolina residents who attend school or work out of state.

Program Objectives and Results

(Source: DAODAS Division of Management Information and Research.)

1) To increase the percentage of ADSAP clients in FY 1999 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
34%	44%	45%	46%	47%	48%	49%

Note: As the DAODAS service delivery system standardizes performance measures over the next five years, this severity scale may be phased out. However, the evaluation system will continue to measure whether an ADSAP client's substance use declines over a period of time.

2) To reduce the percentage of all ADSAP clients in the last 10 years who have one or more previous ADSAP enrollments at the end of FY 1999.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
24%	23%	22%	21%	20%	19%	18%

Note: South Carolina Code Sections 56-1-286, 56-5-2951, and 56-5-2990 require the Department of Public Safety to track ALRs and DUIs for the last 10 years to determine the severity of the penalties; hence the reason for the cumulative nature of this outcome measurement.

Outputs	FY 1997	FY 1998	FY 1999
ADSAP Clients	16,084	14,525	15,725
Hours of Service Provided	178,153	171,796	183,882

Note: In previous reports, only the new ADSAP entries for each fiscal year were reported. This report indicates the total number of ADSAP clients served each fiscal year, including the ADSAP clients who were carryovers from the previous fiscal year. During FY 1999, only 6% of all the ADSAP clients were exempted from the 16-hour curriculum. These exemptions were granted primarily due to the clients' need for a higher level of service. (Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL based, by program; Client Hours by program.)

Program Name Outpatient Treatment

All 34 of the county substance abuse authorities, which serve all 46 counties of South Carolina, delivered these services for DAODAS in FY 1999.

Program Rank Priority Thirteen

Program Cost

State	Appropriations Act	\$1,668,650
Federal	Substance Abuse Prevention and Treatment Block Grant	<u>\$4,373,874</u>
Total		<u>\$6,042,524</u>

Program Goals To provide a comprehensive array of outpatient services to individuals and family members who are experiencing personal and/or family problems as a result of alcohol and other drug use, including assessment and referral, individual and group counseling, family counseling, case management and crisis management services.

To provide continuing care services for individuals following their discharge from more intensive residential or inpatient treatment facilities.

To treat the individual's level of problem severity and achieve permanent changes in his/her alcohol and other drug-using behavior and allow for his/her return to an acceptable level of productivity.

Program Objectives and Results

(Source: DAODAS Division of Management Information and Research.)

- 1) To increase the percentage of outpatient clients in FY 1999 who demonstrate significant improvement on a severity scale of relapse/recidivism risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
29%	37%	40%	43%	46%	49%	52%

- 2) To increase the percentage of outpatient clients in FY 1999 who demonstrate significant improvement on a severity scale of behavioral/emotional problems from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
26%	35%	38%	41%	44%	47%	50%

- 3) To increase the percentage of outpatient clients in FY 1999 who demonstrate significant improvement on a severity scale of family support/recovery environment from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
31%	36%	39%	42%	45%	48%	51%

- 4) To increase the percent reduction in reported family problems from admission to discharge among outpatient clients in FY 1999.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
8%	20%	25%	30%	35%	40%	45%

5) To increase the percent reduction in reported occupational problems from admission to discharge among outpatient clients in FY 1999.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
9%	22%	25%	30%	35%	40%	45%

Outputs	FY 1997	FY 1998	FY 1999
Outpatient Clients	17,661	19,031	18,535
Hours of Service Provided	83,357	77,095	89,253

(Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DCSL based, by selected program-sub-program-service; Client Hours by program-sub-program-service.)

Program Name

Detoxification Services

In FY 1999, clinically managed (social setting) detox services were delivered for DAODAS at the Horry County Commission on Alcohol and Drug Abuse, Marion/Dillon County Commission on Alcohol and Drug Abuse, Westview Behavioral Health Services (Newberry), Spartanburg Alcohol and Drug Abuse Commission, Sumter County Commission on Alcohol and Drug Abuse, and Keystone Substance Abuse Services (York). Medically monitored detox services were delivered for DAODAS at the Greenville County Commission on Alcohol and Drug Abuse and Lexington/Richland Alcohol and Drug Abuse Council.

Program Rank

Priority Fourteen

Program Cost

State	Appropriations Act	\$ 200,000
Federal	Substance Abuse Prevention and Treatment Block Grant	<u>\$1,621,356</u>
Total		<u>\$1,821,356</u>

Program Goal

To assist individuals who are experiencing withdrawal from the physical effects of alcohol or other drugs through supervised evaluation and withdrawal management.

To support an individual's motivation to remain in treatment by providing appropriate referrals to other components of the treatment system for aftercare.

Program Objective and Results

To increase the percentage of detox clients in FY 1999 who demonstrate significant improvement on a severity scale of intoxication/withdrawal risk from admission to discharge.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
59%	78%	82%	84%	86%	88%	90%

(Source: DAODAS Management Information and Research.)

Clinically Managed Detox (Level III.2-D / Extended Care Facility)	FY 1997	FY 1998	FY 1999
Number of Clients	1,132	1,160	1,284
Number of Bed Days	5,490	5,365	6,094
Bed Days Per Client	4.8	4.6	4.7

Medically Monitored Detox (Level III.7-D / Inpatient Clinic)	FY 1997	FY 1998	FY 1999
Number of Clients	3,091	2,865	2,495
Number of Bed Days	14,380	13,398	12,088
Bed Days Per Client	4.7	4.7	4.8

(Source: DAODAS Division of Management Information and Research; Unique Unduplicated Clients, DRDL based, by service-sub-service-focus; Bed Days by service-sub-service-focus; Bed Days Per Unique Unduplicated Client.)

Program Name Education and Professional Development

Program Rank Priority Fifteen

Program Cost

State	Appropriations Act	\$151,606
Federal	Substance Abuse Prevention and Treatment Block Grant	\$ 71,900
Total		<u>\$223,506</u>

Program Goal In collaboration with the county substance abuse authorities, other regional, state and local agencies/organizations, and licensing and accreditation organizations, DAODAS will ensure that South Carolinians receive substance abuse services from appropriately trained substance abuse prevention, intervention, and treatment professionals.

Program Objectives and Results

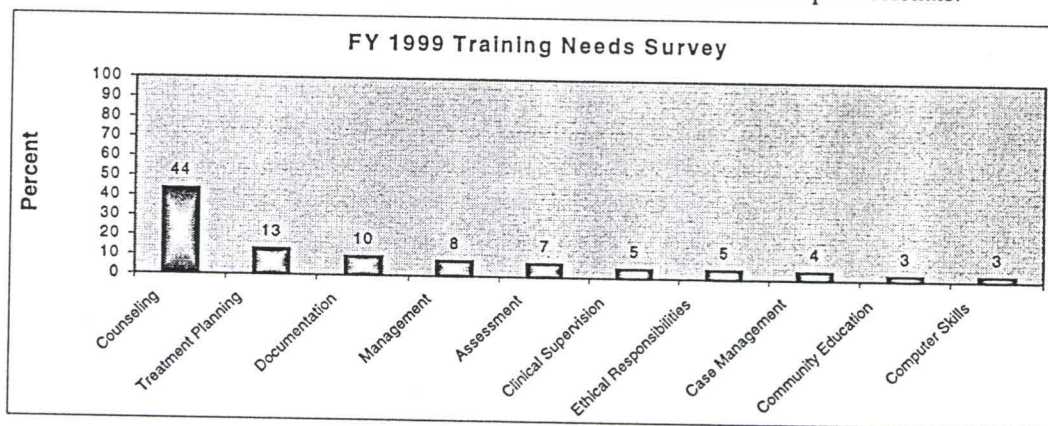
(Source: DAODAS Planning and Quality Management Section.)

1) As a result of appropriate training, at least 95 percent of prevention, intervention, and treatment professionals will maintain their licensure and/or credentials.

Outcomes		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
95%	95%	95%				

Note: Fiscal year 1998 and 1999 outcomes are estimated, based on the results of site visits to the county substance abuse authorities.

2) Based on annual field surveys, DAODAS will provide statewide and regional training events on alcohol, tobacco, and other drug related issues for prevention, intervention, and treatment professionals.



Outputs		Objectives				
Number of:	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
Courses	78	80	82	84	86	88
Attendees	1,882	1,932	1982	2032	2082	2132

Note: Beginning in FY 2000, the annual needs assessment will be expanded to include other state agencies, Safe and Drug-Free School Coordinators, and members of the South Carolina Association of Alcoholism and Drug Abuse Counselors (SCAADAC) and the South Carolina Association of Prevention Professionals and Advocates (SCAPPA).

3) To provide collaborative technical assistance and support to other regional, state, and local agencies and organizations in the planning and implementation of education and training initiatives addressing alcohol, tobacco, and other drug related issues.

Outputs		Objectives				
Number of:	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
Collaborating Partners	68	73	78	83	88	93
Events	12	14	16	18	20	22

4) To establish the percentage of summer intern graduates who indicate a desire to pursue an career in the alcohol, tobacco, and other dug (ATOD) field and who indicate a desire to pursue additional education in how to prevent and treat substance abuse.

Outcomes		Objectives				
Pursue:	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
ATOD Career	73%	73%	73%	74%	74%	75%
Additional Education	82%	82%	82%	83%	84%	85%

5) To provide summer intern opportunities at each of the county substance abuse authorities.

Outputs		Objectives				
FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
8	10	15	20	25	30	35

Note: During FY 1999, the following county authorities hosted one summer intern each: Anderson/Oconee Behavioral Health Services, Axis I Center of Barnwell, Charleston Center, Clarendon County Commission on Alcohol and Drug Abuse, Colleton County Commission on Alcohol and Drug Abuse, Dorchester Alcohol and Drug Commission, Circle Park Behavioral Health Services (Florence), Greenville County Commission on Alcohol and Drug Abuse, Lexington/Richland Alcohol and Drug Abuse Council, and Sumter County Commission on Alcohol and Drug Abuse.

Program Name Medicaid Utilization Review

Program Rank Priority Sixteen

Program Cost

State	Appropriations Act	\$161,112
Federal	Medicaid	<u>\$161,112</u>
Total		<u>\$322,224</u>

Program Goal To ensure each Medicaid client receives care that is appropriate to their individual needs through the utilization of nationally recognized patient placement criteria, experientially based professional judgment, and ongoing assessment of each clients treatment needs.

To monitor each client's progress and ensure clients are transitioned to lower or higher levels of care as appropriate.

To promote effective and efficient utilization of service capacity and assist in the maintenance of high quality care through analysis, and evaluation of service delivery.

Program Objectives and Results

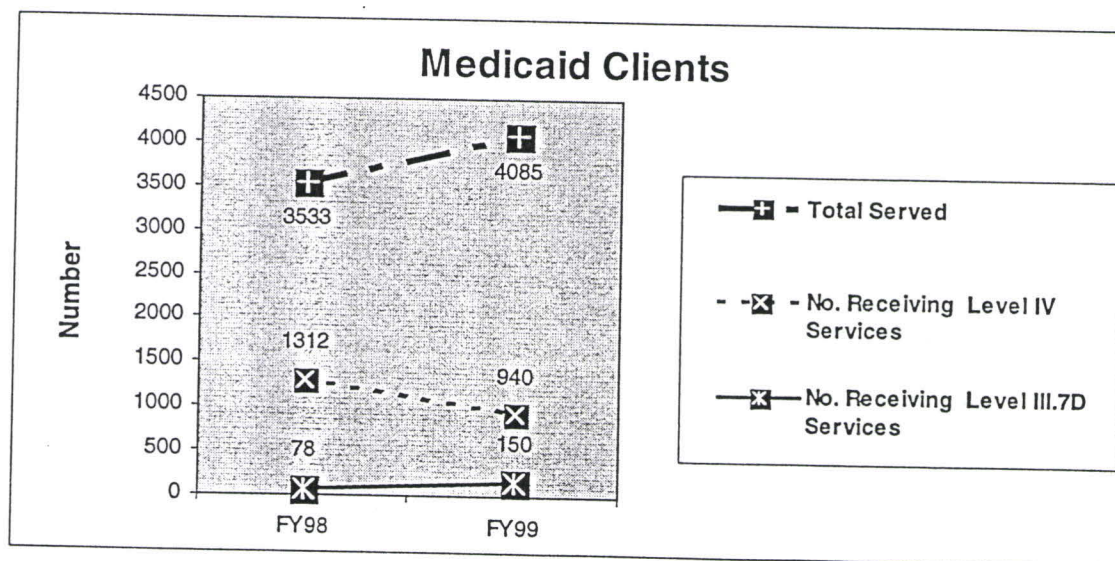
Fiscal year 1999 data is projected for 1 year based on 9 months of services. (Source: South Carolina Department of Health and Human Services.)

1) To increase the utilization of substance abuse treatment services by Medicaid clients.

Outputs	FY 1998	FY 1999
Medicaid Clients Served	3533	4085

2) To reduce the number of Medicaid clients who utilize Medically Managed Intensive Inpatient Detoxification services (Level IV / Hospital) and increase the number who utilize Medically Monitored Inpatient Detoxification services (Level III.7-D / Inpatient Clinic).

Outputs	FY 1998	FY 1999
Medicaid Clients at Level IV	1312	940
Medicaid Clients at Level III.7-D	78	150



Program Name Assertive Community Treatment (ACT)

In FY 1999, the Ernest E. Kennedy Center delivered these services for DAODAS in the Berkeley and Charleston County areas.

Program Rank Priority Seventeen

Program Cost

Federal Substance Abuse Prevention and Treatment Block Grant \$574,752

Program Goals To rehabilitate identified individuals who require frequent contact and intense supervision by a specialized, multidisciplinary, and mobile treatment team that provides a range of direct medical and psychosocial services to stabilize the living environment.

To provide services 365 days a year, 24 hours a day to individuals who exhibit severe substance use and co-morbid psychiatric disorders that are complicated by social deprivation, low rates of employment, high rates of criminal involvement, and poor prognosis for retention in traditional substance abuse services.

To assess the effectiveness of ACT for individuals with severe substance use disorders and to disseminate the model statewide if indicated.

Program Objectives and Results

Note: Since ACT began in April 1998, this pilot program has reached 35 clients with 7 staff members. (Source: DAODAS Treatment Section.)

1) To reduce the use of alcohol, tobacco, and other drugs.

Result: Assessments of the six ACT clients who have completed six months of treatment indicated a trend toward mild to moderate remission of their substance use disorder. However, conclusions cannot be reached until a larger number of clients complete six months of services.

2) To reduce the utilization of high cost services including emergency rooms, mental health facilities, detoxification programs, and criminal justice services.

Result: Assessments of the six ACT clients who have completed six months of treatment indicated a trend toward decreased inpatient utilization. However, conclusions cannot be reached until a larger number of clients complete six months of services.

3) To increase independent housing stability.

Result: Four of the six clients reported improvement in their housing situation and improved overall psychosocial functioning.

4) To increase the retention of clients and satisfaction with services.

Result: Only three clients have been discharged from ACT. All clients reported satisfaction with the amount and scope of services provided.

5) To increase the employment of clients.

Result: Not available at this time.

Appendix A: Methodology

(Source: DAODAS Division of Management Information and Research.)

With the exception of the Youth Access to Tobacco Study and the Bridge program, fiscal year 1999 is the first full year that DAODAS has collected statewide outcome data. The fiscal year 1998 outcome data represents a partial year of data submitted by the county substance abuse authorities. Even though enough fiscal year 1998 outcome data exists to make the analysis worthwhile, the fiscal year 1998 data may or may not be truly representative of the results that would have been obtained if all clients in fiscal year 1998 were assessed.

The new database system compares the discharge data occurring during the fiscal year to the corresponding admission and service data. The outcomes measure a client's improvement in various areas of functioning from admission to discharge, in accordance with the American Society of Addiction Medicine's *Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition* (ASAM PPC-2). Various indicators are used, including Global Account of Functioning (GAF), six severity scales, and discrete elements of ASAM PPC-2 Axes 1, 2, 3, and 4. Of all the indicators collected by the system, the severity scales have been the most robust to date and thus are used to report the fiscal year 1999 outcomes.

All of the process data collected by the database system includes all clients receiving services in each particular program.¹ However, the outcome data includes only those clients who received a volume and density of face to face clinical services sufficient enough to produce a reasonable expectation of an impact on the client's life. For example, to be considered for outcome analysis, a client would have to be discharged during the fiscal year and at least 12 client hours of any mix of significant face to face clinical services would have to have to be received within a total time span of 90 days or less. These criteria exclude from analysis those clients who are early dropouts, have broken many appointments, or are receiving mainly case management services. Specific inclusion rules were established for each program.

In addition to in-service data, the county substance abuse authorities collect and use post-discharge outcome data to improve their services. The challenge for DAODAS is to integrate this post-discharge outcome data with the currently collected clinical data so that the long-term impact of services can be analyzed on a statewide basis. To this end, the department has undertaken a major effort in conjunction with the county authorities to standardize and unify program evaluation. The precise outcome measures and evaluation methods will likely be determined by the requirements of the federal Substance Abuse Prevention and Treatment Block Grant, the federal Government Performance Results Act, as well as South Carolina Budget and Control Board and General Assembly.

¹ Totals for all fiscal year 1999 process data are lower in this report than the actual number of clients served because the Keystone Substance Abuse Services, the York County authority, continues to be a late reporter.